

HCPCS Temporary National Coding decisions for 2002

I. CMS HCPCS National "K" Codes

RE codes K0082 - K0089 - **Descriptions revised effective July 1, 2002** as follows:

K0082 22NF non-sealed lead acid battery, each
(Short description: 22NF nonsealed leadacid)

K0083 22NF sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
(Short description: 22NF sealed leadacid battery)

K0084 Group 24 non-sealed lead acid battery, each
(Short description: Gr24 nonsealed leadacid)

K0085 Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
(Short description: Gr24 sealed leadacid battery)

K0086 U-1 non-sealed lead acid battery, each
(Short description: U1nonsealed leadacid battery)

K0087 U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
(Short description: U1 sealed lead acid battery)

K0088 Battery charger, single mode, for use with only one battery type, sealed or non-sealed (Short description: Battery charger, single mode)

K0089 Battery charger, dual mode, for use with either battery type, sealed or non-sealed (Short description: Battery charger, dual mode)

ADD the following Codes K0561 - K0580 Effective 4/01/02:

K0561 Ostomy skin barrier, non-pectin based, paste, per ounce
(Non-pectin based ostomy paste)

K0562 Ostomy skin barrier, pectin-based, paste, per ounce
(Pectin based ostomy paste)

K0563 Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
(Ext wear ost skn barr \leq 4sq")

K0564 Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each

(Ext wear ost skn barr >4sq")

K0565 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each

(Ost skn barr w flng ≤4sq")

K0566 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each

(Ost skn barr w flng >4sq")

K0567 Ostomy pouch, drainable, with karaya based barrier attached, without built-in convexity, (1 piece), each

(1 pc drainable ost pouch)

K0568 Ostomy pouch, drainable, with standard wear barrier attached, without built-in convexity, (1 piece), each

(1 pc cnvx drainabl ost pouch)

K0569 Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), each

(2 pc drainable ost pouch)

K0570 Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each

(ostomy skn barr w flng ≤4sq")

K0571 Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each

(ostomy skn barr w flng >4sq")

K0572 Tape, non-waterproof, per 18 square inches

(Non-waterproof tape)

K0573 Tape, waterproof, per 18 square inches

(Waterproof tape)

K0574 Addition to ostomy pouch, filter, integral or added separately to pouch, each.

(Ostomy pouch filter)

K0575 Addition to ostomy pouch, rustle-free material, per pouch

(Ost pouch rustle free mat)

K0576 Addition to ostomy pouch, friction and irritant-reducing, absorbent, interface layer (comfort panel), per pouch

(Ostomy pouch comfort panel)

K0577 Addition to ostomy pouch, odor barrier, incorporated into pouch laminate, per pouch

(Ostomy pouch odor barrier)

K0578 Addition to ostomy pouch, faucet-type tap with valve for draining urinary pouch, each

(Urinary pouch faucet/drain)

K0579 Addition to ostomy pouch, absorbent material (sheet/pad/crystal packet) to thicken liquid stomal output, for use in pouch, each

(Ost pouch absorbent material)

K0580 Addition to ostomy pouch, flange locking

(Ost pouch locking flange)

(TOS = P, K BETOS = D1A COVERAGE = D MCM = 2130 PRICING = 37

PRICING = 37 effective 4/01/02)

*** Note* Codes A4370, A4374, A4386, A5061, A5123, A6265, and A4368 identified as not valid for Medicare effective 4/01/02:**

II. CMS HCPCS National "Q" Codes

Q0144 Azithromycin Dihydrate, oral, capsules/powder, 1 gram
(Code Q0144 Reinstated effective July 1, 2002)

Q3019 ALS vehicle used, emergency transport, no ALS level services furnished.
(Short description: ALSEmer trans no ALS service)
(TOS = D COV = C BETOS = O1A Pricing = 52 Effective = April 1, 2002)

Q3020 ALS vehicle used, non-emergency transport, no ALS level service
furnished
(Short description: ALSnonemer trans no als serv)
(TOS = D COV = C BETOS = O1A Pricing = 52 Effective = April 1, 2002)

Note discontinue CMS code Q3017 effective March 31, 2002

III. CMS HCPCS National "G" Codes

(Questions related to "G" codes should be directed to Marsha Mason-Wonsley
[Mmasonwonsley@cms.hhs.gov])

ADD the following "G" codes Effective July 1, 2002

G Codes for Loss of Protective Sensation (LOPS)

G0245: Initial physician evaluation of a diabetic patient with **diabetic sensory neuropathy** resulting in a loss of protective sensation (LOPS) which must include the diagnosis of LOPS; a patient history; a physical examination that consist of *at least* the following elements:

- (a) visual inspection of the forefoot, hindfoot and toeweb spaces
 - (b) evaluation of a protective sensation
 - (c) evaluation of foot structure and biomechanics
 - (d) evaluation of vascular status and skin integrity
 - (e) evaluation and recommendation of footwear
 - (f) patient education
- (Short Descriptions: Initial foot exam ptlops)

G0246: Follow up evaluation of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following, a patient history and physical examination that includes:

- (a) visual inspection of the forefoot, hindfoot and toe web spaces
- (b) evaluation of protective sensation

- (c) evaluation of foot structure and biomechanics
- (d) evaluation of vascular status and skin integrity
- (e) evaluation and recommendation of footwear
- (f) patient education

(Short description: Followup eval of foot pt lop)

G0247: Routine foot care of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include if present, at least the following:

- (a) local care of superficial wounds
 - (b) debridement of corns and callouses
- trimming and debridement of nails

(Short description: Routine footcare PT w lops)

"G" CODES FOR International Normalized Ratio (INR) MONITORING

**** Note ****

[Codes established for CIM 50.55 effective for services furnished on or after July 1, 2002. Use of the International Normalized Ratio (INR) allows physician to determine the level of anticoagulation in a patient independent of the laboratory reagents used. Home prothrombin monitoring with the use of INR devices is only covered for patients with mechanical heart valves.]

G0248: Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstrating use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing.

(Short Description: Demonstrate use home INR mon)

G0249: Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria. Includes provision of materials for use in the home and reporting of test results to physician; per 8 tests.

(Short Description: Provide test material,equipm)

G0250: Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria; per 8 tests (does not requiring face-to-face service)

(Short Description: MD review interpret of test)

G0252: PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g. initial staging of axillary lymph nodes), not covered by Medicare

(Short Description: PENDING/Will post to web as soon as available)

G0253: PET imaging for Breast cancer, full and partial ring PET scanners only, detection of local regional recurrence or distant metastases, ie. Staging/restaging after or prior to course of treatment

(Short description: PENDING/Will post to web as soon as available)

G0254: PET imaging for Breast cancer, full and partial -ring PET scanners only, evaluation of response to treatment, performed during course of treatment

(Short description: PENDING/Will post to web as soon as available)

Note: [CIM reference 50-36 details coverage indications. FDG Positron Emission Tomography is a minimally invasive diagnostic procedure using positron camera (tomograph) to measure the decay of radioisotopes such as FDG, CMS determined that the benefit category for the requested indications fell under 1861(s)(3) of the Social Security Act diagnostic service.]

IV. CMS HCPCS Temporary National "C" Codes

NOTE:

The C codes were established to permit implementation of section 201 of the Balanced Budget Refinement Act of 1999. The C codes identify items and procedures/services that are reportable under the hospital outpatient prospective payment system (OPPS): pass-through drugs, pass-through devices, new technology procedures/services, blood products, and certain MRA/MRI procedures. These codes are used exclusively for the hospital OPPS purposes and are only valid for Medicare on claims submitted by hospital outpatient departments.

Note that as a result of the delay, many of the codes listed below with an effective date of 1/1/2002 were not implemented under the hospital OPPS until 4/1/2002.

For further questions on the C codes, please contact Marjorie Baldo (mbaldo@cms.hhs.gov) at 410-786-4617.

Code	Short Descriptor	Long Descriptor	Effective Date
C1058	TC 99M oxidronate, per vial	Supply of radiopharmaceutical diagnostic imaging agent, technetium TC 99M oxidronate, per vial	1/1/2002
C1064	I-131 cap, each add mCi	Supply of radiopharmaceutical therapeutic imaging agent, sodium iodide I-131, capsule, each additional mCi	1/1/2002
C1065	I-131 sol, each add	Supply of radiopharmaceutical	1/1/2002

	mCi	therapeutic imaging agent, sodium iodide I-131, solution, each additional mCi	
C1066	IN 111 satumomab pendetide	Supply of radiopharmaceutical therapeutic imaging agent, indium 111 satumomab pendetide, per vial	1/1/2002
C1774	Darbepoetin alfa, 1mcg	Injection, darbepoetin alfa (for non esrd use), per 1 mcg	1/1/2002
C1775	FDG, per dose (4-40 mCi/ml)	Supply of radiopharmaceutical diagnostic imaging agent, fluorodeoxyglucose F18 (2-deoxy-2-[18F]fluoro-D-glucose), per dose (4-40 mCi/ml)	4/1/2002
C1783	Ocular imp, aqueous drain dev	Ocular implant, aqueous drainage assist device	7/1/2002
C1888	Endovas non-cardiac abl cath	Catheter, ablation, non-cardiac, endovascular (implantable)	7/1/2002
C1900	Lead, coronary venous	Lead, left ventricular coronary venous system	7/1/2002
C9111	Inj, bivalirudin, 250mg vial	Injection, bivalirudin, 250 mg per vial	1/1/2002
C9112	Perflutren lipid micro, 2ml	Injection, perflutren lipid microsphere, per 2 ml vial	1/1/2002
C9113	Inj pantoprazole sodium, via	Injection, pantoprazole sodium, per vial	1/1/2002
C9114	Nesiritide, per 1.5 mg vial	Injection, nesiritide, per 1.5 mg vial	1/1/2002
C9115	Inj, zoledronic acid, 2 mg	Injection, zoledronic acid, per 2 mg	1/1/2002
C9200	Orcel, per 36 cm2	Orcel, per 36 square centimeters	1/1/2002
C9201	Dermagraft, per 37.5 sq cm	Dermagraft, per 37.5 square centimeters	1/1/2002

C9703	Bard Endoscopic Suturing Sys	Bard Endoscopic Suturing System	1/1/2002

V. CMS HCPCS National Modifiers

ADD:

KX SPECIFIC REQUIRED DOCUMENTATION ON FILE
 (Descriptive Modifier effective July 01, 2002, COV = C
 Short Description = Documentation on file)

**VI. National HCPCS "S" Codes established for the Private Sector
 (Note: "S" codes are not valid for Medicare)**

REVISE - effective April 1, 2002:
 S0215 - add "per mile"

S2400 - Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero

S4015 - add the phrase "not otherwise specified"

DELETE - effective April 1, 2002
 S9543

ADD - effective April 1, 2002:

SK Member of high risk population (use only with codes for immunization)
 Short description: High risk population

SL State supplied vaccine
 Short description: State supplied vaccine

S0106 Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets
 Short description: Bupropion HCL SR 60 tablets

S0108 Mercaptopurine, oral, 50 mg
Short description: Mercaptopurine 50 mg

S0122 Injection, menotropins, 75 IU
Short description: Inj menotropins 75 IU

S0126 Injection, follitropin alfa, 75 IU
Short description: Inj follitropin alfa 75 IU

S0128 Injection, follitropin beta, 75 IU
Short description: Inj follitropin beta 75 IU

S0130 Injection, chorionic gonadotropin, 5000 units
Short description: Inj c gonadotropin 5000 IU

S0132 Injection, ganirelix acetate, 250 mcg
Short description: Inj ganirelix acetat 250 mcg

S0390 Routine foot care; removal and/or trimming of corns, calluses and/or
Nails and preventive maintenance, per visit
Short description: Rout foot care per visit

S2107 Adoptive immunotherapy i.e. development of specific anti-tumor
 reactivity (e.g. tumor-infiltrating lymphocyte therapy) per course of
 treatment
Short description: Adoptive immunotherapy

S2211 Transcatheter placement of intravascular stent(s), carotid artery,
 percutaneous, unilateral (if performed bilaterally, use –50 modifier)
Short description: Transv Carotid stent placemt

S2405 Repair of sacrococcygeal teratoma in the fetus, procedure performed
 in utero
Short description: Fetal surg sacrococ teratoma

S4005 Interim labor facility global (labor occurring but not resulting in delivery)
Short description: Interim labor facility global

S4013 Complete cycle, gamete intrafallopian transfer (GIFT), case rate
Short description: Compl GIFT case rate

S4014 Complete cycle, zygote intrafallopian transfer (ZIFT), case rate
Short description: Compl ZIFT case rate

S4017 Incomplete cycle, treatment canceled prior to stimulation, case rate

Short description: IVF canc a stim case rate

S4023 Donor egg cycle, incomplete, case rate

Short description: Incompl donor egg case rate

S4035 Stimulated intrauterine insemination (IUI), case rate

Short description: Stimulated IUI case rate

S4036 Intravaginal culture (IVC), case rate

Short description: Intravag cult case rate

S4037 Cryopreserved embryo transfer, case rate

Short description: Cryo embryo transf case rate

S4040 Monitoring and storage of cryopreserved embryos, per 30 days

Short description: Monit store cryo embryo 30 d

S4993 Contraceptive pills for birth control

Short description: Contraceptive pills for bc

S4995 Smoking cessation gum

Short description: Smoking cessation gum

S8042 Magnetic resonance imaging (MRI), low-field

Short description: MRI low field

S8262 Mandibular orthopedic repositioning device, each

Short description: Mandib ortho repos device

S8265 Haberman feeder for cleft lip/palate

Short description: Haberman feeder

S8433 Skin support for breast prosthesis, each

Short description: Skin support/breast prosth

S8945 Physical medicine treatment (constant attendance by provider) to one area, initial 30 minutes, each visit; phonophoresis

Short description: PT phonophoresis 30 mins

S9034 Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)

Short description: ESWL for gallstones

S9092 Canolith repositioning, per visit

Short description: Canolith repositioning

S9105 Evaluation by ophthalmologist

Short description: Evaluation by ocularist

S9145 Insulin pump initiation, instruction in initial use of pump (pump not included)

Short description: Insulin pump initiation

S9401 Anticoagulation clinic, inclusive of all services except laboratory tests, per session

Short description: Anticoag clinic per session

S9430 Pharmacy compounding and dispensing services

Short description: Pharmacy comp/disp serv

S9436 Childbirth preparation/Lamaze classes, non-physician provider, per Session

Short description: Lamaze class

S9437 Childbirth refresher classes, non-physician provider, per session

Short description: Childbirth refresher class

S9438 Cesarean birth classes, non-physician provider, per session

Short description: Cesarean birth class

S9439 VBAC (vaginal birth after cesarean) classes, non-physician provider, per session

Short description: VBAC class

S9444 Parenting classes, non-physician provider, per session

Short description: Parenting class

S9447 Infant safety (including CPR) classes, non-physician provider, per Session

Short description: Infant safety class

S9449 Weight management classes, non-physician provider, per session

Short description: Weight mgmt class

S9451 Exercise classes, non-physician provider, per session

Short description: Exercise class

S9452 Nutrition classes, non-physician provider, per session

Short description: Nutrition class

S9453 Smoking cessation classes, non-physician provider, per session

Short description: Smoking cessation class

S9454 Stress management classes, non-physician provider, per session

Short description: Stress mgmt class

S9546 Home infusion of blood products, nursing services, per visit

Short description: Home inf blood prod nurs serv

S9970 Health club membership, annual

Short description: Health club membership yr

S9975 Transplant related lodging, meals, and transportation, per diem

Short description: Transplant related per diem

*****ADD the following code effective October 1, 2002:**

S1040 Cranial Remolding orthosis, rigid, with soft interface material,
custom fabricated, including fitting and adjustments(s)

Short description: Cranial remolding orthosis

"S" modifier and code changes effective 7/1/2002

Modifiers– Add descriptive modifiers–(effective 7/1/2002)

SM – Second surgical opinion

(Short Description: Second opinion)

SN – Third surgical opinion

(Short Description: Third Opinion)

Codes - Revise Codes S9364 - S9368 by adding needed parentheses

*****NOTE*** May 7, 2002 - Change in placement of parentheses*****

S9364 Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs, and nursing visits coded separately) per diem (Do not use with home infusion codes S9365-S9368 using daily volume scales)

S9365 Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs and nursing visits coded separately), per diem

S9366 Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services,

professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs and nursing visits coded separately), per diem

S9367 Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs and nursing visits coded separately), per diem

S9368 Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs and nursing visits coded separately), per diem

Revise Short Description for code S9485:

Code S9485 (short Description: Crisis intervention per diem)

Discontinue: (Termination date for S8433: 6/30/2002)

S8433 – use A4280

*****ADD the following codes effective July 1, 2002:*****

S0112 Injection, darbepoetin alfa, 1 mcg
(Short description: Inj darbepoetin)

S9484 Crisis intervention mental health services, per hour
(Short Description: Crisis intervention per hour)

S9490 Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
(Short Description: HIT corticosteroid diem)

S9806 RN services in the infusion suite of the IV therapy provider, per visit
(Short Description: RN infusion suite visit)

S9900 Services by authorized Christian Science Practitioner for the process of healing, per diem. Not to be used for rest or study. Excludes in-patient services.
(Short Description: Christian Sci Pract visit)

*******S code changes effective 10/1/2002*******

Modifiers–

Add descriptive modifiers–

SQ Item ordered by home health

Codes –

Correction – this should be S9150 not S9105

S9150 Evaluation by ocularist

The following are corrections of misspellings in the CMS HCPCS database – the correction is underlined

S9338 Home infusion therapy, immunotherapy therapy (e.g., intravenous immunoglobulin, interferon); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9494 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately, per diem (Do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)

S9537 Home therapy, hematopoietic hormone injection therapy (e.g. erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem

Revision of code descriptor - delete 2nd occurrence of the word “therapy” – it should read as follows -

S9338 Home infusion therapy, immunotherapy (e.g., intravenous immunoglobulin, interferon); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Revision of code descriptors - underlined language is being added or changed

S9326 Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9327 Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

- S9330** **Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem**
- S9331** Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9364** **Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately) per diem (Do not use with home infusion codes S9365-S9368 using daily volume scales)**
- S9365** **Home infusion therapy, total parenteral nutrition (TPN); one liter per day,**
administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
- S9366** **Home infusion therapy, total parenteral nutrition (TPN); more than one liter**
but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
- S9367** **Home infusion therapy, total parenteral nutrition (TPN); more than two liters**
but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
- S9368** **Home infusion therapy, total parenteral nutrition (TPN); more than three liters**
per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in

standard formula and nursing visits coded separately), per diem

- *S9542 Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- *S9558 Home injectable therapy, growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- *S9559 Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Please add –

S0104 Zidovudine, oral, 100 mg

S0135 Injection, pegfilgrastim, 6 mg

S0201 Partial hospitalization services, less than 24 hours, per diem

- S0207 Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport
- S0315 Disease management program; initial assessment and initiation of the program
- S0316 follow-up/reassessment
- S0320 Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month

S1040 Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)

S2262 Abortion for maternal indication, 25 weeks or greater

S2265 Abortion for fetal indication, 25-28 weeks

S2266 Abortion for fetal indication, 29-31 weeks

S2267 Abortion for fetal indication, 32 weeks or greater

S3655 Antisperm antibodies test (immunobead)

S8002 Supply of diagnostic radioimmunopharmaceutical, indium-111
ibritumomab tiuxetan, per dose

S8003 Supply of therapeutic radioimmunopharmaceutical, yttrium-90
ibritumomab tiuxetan, per dose

S8004 Radioimmunopharmaceutical localization of targeted cells; whole body

******S code changes effective 1/1/2003******

Codes

S5100	Day care services, adult; per 15 minutes
S5101	per half day
S5102	per diem
S5105	Day care services, center-based; services not included in program fee, per diem
S5110	Home care training, family; per 15 minutes
S5111	per session
S5115	Home care training, non-family; per 15 minutes
S5116	per session
S5120	Chore services; per 15 minutes
S5121	per diem
S5125	Attendant care services; per 15 minutes
S5126	per diem
S5130	Homemaker service, NOS; per 15 minutes
S5131	per diem
S5135	Companion care, adult (e.g. IADL/ADL); per 15 minutes
S5136	per diem
S5140	Foster care, adult; per diem
S5141	per month
S5145	Foster care, therapeutic, child; per diem
S5146	per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	per diem

S5160 Emergency response system; installation and testing

S5161 service fee, per month (excludes installation and testing)

S5162 purchase only

S5165 Home modifications; per service

S5170 Home delivered meals, including preparation; per meal

S5175 Laundry service, external, professional; per order

S5180 Home health respiratory therapy, initial evaluation

S5181 Home health respiratory therapy, NOS, per diem

S5185 Medication reminder service, non-face-to-face; per month

S5190 Wellness assessment, performed by non-physician

S5199 Personal care item, NOS, each

**VII. National HCPCS "T" Codes established for the State Medicaid Agencies
(Note: "T" codes are not valid for Medicare)**

T1016 Case Management, each 15 minutes
(Short description: Case Management)
(TOS = 9 BETOS = Z2 COV = I Pricing = 00 Effective = July 1, 2002)

T1017 Targeted Case Management, each 15 minutes
(Short description: Targeted Case Management)
(TOS = 9 BETOS = Z2 COV = I Pricing = 00 Effective = July 1, 2002)

T1018 SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM
(IEP) SERVICES, BUNDLED
(TOS: 9 BETOS: 22 COV: I Pricing: 00 Effective: July 1, 2002)
Short description: School-based iep ser bundled)

T1019 PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN
INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY,
ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF
TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES
PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE
ASSISTANT)
(Short Description: PERSONAL CARE SER PER 15 MIN

Effective: July 1, 2002 TOS: 9 BETOS: Z2 COV: I PRICING: 00)

T1020 PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT)

(Short Description: PERSONAL CARE SER PER DIEM

Effective: July 1, 2002 TOS: 9 BETOS: Z2 COV: I PRICING: 00)

T1021 HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT

(Short Description: HH AIDE OR CN AIDE PER VISIT

Effective: July 1, 2002 TOS: 9 BETOS: Z2 COV: I PRICING: 00)

CMS "T" code, effective October 1, 2002:

T1022 CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY

(Short Description: Contracted services per day)

T1023 SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER

(Short Description: program intake assessment)

T1024 EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE COORDINATED CARE TO MULTIPLE OR SEVERELY HANDICAPPED CHILDREN, PER ENCOUNTER

(Short Description: team evaluation & management)

T1025 INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MEDICAL AND PSYCHOSOCIAL IMPAIRMENTS, PER DIEM

(Short Description: ped compr care pkg, per diem)

T1026 INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MEDICAL AND PSYCHOSOCIAL IMPAIRMENTS, PER HOUR

(Short Description: ped compr care pkg, per hour)

T1027 FAMILY TRAINING AND COUNSELING FOR CHILD
DEVELOPMENT, PER 15 MINUTES
(Short Description: family training & counseling)

T1028 ASSESSMENT OF HOME, PHYSICAL AND FAMILY
ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET
PATIENT'S MEDICAL NEEDS
(Short Description: Home environment assessment)

T1500 DIAPER/INCONTINENT PANT, REUSABLE/WASHABLE,
ANY SIZE, EACH
(Short Description: Reusable diaper/pant)

T1501 UNDERPAD, REUSABLE/WASHABLE, ANY SIZE, EACH
(Short description: Reusable underpad)

T1999 MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL
PURCHASES, NOT OTHERWISE CLASSIFIED. IDENTIFY
PRODUCT IN "REMARKS."
Short description: NOC retail supplies/supplies)

T2007 TRANSPORTATION WAITING TIME, AIR AMBULANCE AND
NON-EMERGENCY VEHICLE, ONE-HALF (1/2) HOUR
INCREMENTS
(Short Description: Non-emer transport wait time)

**Codes T2001 - T2006 identified as effective for use April 1, 2002
(TOS = 9 BETOS = Z2 Cov = I Pricing = 00)**

T2001 Non-emergency transportation; patient attendant/escort
Short description: N-ET; patient attend/escort

T2002 Non-emergency transportation; per diem
Short description: N-ET; per diem

T2003 Non-emergency transportation; encounter/trip
Short description: N-ET; encounter/trip

T2004 Non-emergency transport; commercial carrier, multi-pass
Short description: N-ET; commerc carrier, pass

T2005 Non-emergency transportation: non-ambulatory stretcher van
Short description: N-ET; stretcher van

T2006 Ambulance response and treatment, no transport
Short description: Amb response & trt, no trans

**VIII. National HCPCS "T" Modifiers established for the State Medicaid Agencies
(Note: "T" Modifiers are not valid for Medicare)**

Descriptive Modifiers TK - TQ identified as effective for use April 1, 2002

- TK Extra Patient or passenger, non-ambulance
Short description: Extra Patient or passenger
(Note - Use existing modifier "GM Multiple patients on one ambulance trip" for ambulance claims)
- TL Early intervention/individualized Family Services Plan (IFSP)
Short description: early intervention IFSP
- TM Individualized Education Program (IEP)
Short description: Individualized ed prgrm(IEP)
- TN Rural / outside providers customary service area
Short description: rural/out of service area
- TP Medical transport, unloaded vehicle
Short description: med transprt, unloaded vehicle
- TQ Basic Life Support transport by a volunteer ambulance provider
Short description: BLS by volunteer amb provider

Modifier "TR" effective for use July 1, 2002

- TR SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM
(IEP)SERVICES PROVIDED OUTSIDE THE PUBLIC SCHOOL DISTRICT
RESPONSIBLE FOR THE STUDENT
(Short Description: T? – School-based IEP out of dist)

Modifiers "U1 - UD" effective July 1, 2002

**(The following "U" modifiers are not for use on claims submitted to Medicare.
They are not valid for Medicare.)**

Medicaid Level of Care Descriptive Modifiers:	Short Descriptions:
U1 Medicaid Level of Care 1, as defined by each State	(M/Caid Care Lev 1 state def)
U2 Medicaid Level of Care 2, as defined by each State	(M/Caid Care Lev 2 state def)
U3 Medicaid Level of Care 3, as defined by each State	(M/Caid Care Lev 3 state def)
U4 Medicaid Level of Care 4, as defined by each State	(M/Caid Care Lev 4 state def)

U5 Medicaid Level of Care 5, as defined by each State (M/Caid Care Lev 5 state def)
U6 Medicaid Level of Care 6, as defined by each State (M/Caid Care Lev 6 state def)
U7 Medicaid Level of Care 7, as defined by each State (M/Caid Care Lev 7 state def)
U8 Medicaid Level of Care 8, as defined by each State (M/Caid Care Lev 8 state def)
U9 Medicaid Level of Care 9, as defined by each State (M/Caid Care Lev 9 state def)
UA Medicaid Level of Care 10, as defined by each State (M/Caid Care Lev 10 state def)
UB Medicaid Level of Care 11, as defined by each State (M/Caid Care Lev 11 state def)
UC Medicaid Level of Care 12, as defined by each State (M/Caid Care Lev 12 state def)
UD Medicaid Level of Care 13, as defined by each State (M/Caid Care Lev 13state def)
(Coverage Indicator: I for the Medicaid Level of Care Modifiers, Effective July 1, 2002)

******Modifiers effective for use October 1, 2002******

- TS Follow-up service
(Short Description: Follow-up service)
- TT Individualized service provided to more than one patient in same setting
(Short Description: additional patient)

IX. CMS Local code

Established effective February 1, 2002 - December 31, 2002

W0237 Injection, paricalcitol, 1 mcg

06/27/02/ckr